

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12603

State File No. _____

FILED MAR 20 1953

BIRTH NO. _____		REG. DIST. NO. <u>317</u>		PRIMARY REG. DIST. NO. <u>541</u>		Registrar's No. <u>782</u>	
1. PLACE OF DEATH a. COUNTY <u>St. Louis</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Louis</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Clayton</u>		c. LENGTH OF STAY (In this place township) <u>3 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Pine Lawn</u>		4151	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>County Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>3709 Manola</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>EARL</u>		b. (Middle) <u>Woodson</u>		c. (Last) <u>BROOKING</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9 10 53</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>		8. DATE OF BIRTH <u>May 23, 1884</u>	
9. AGE (In years last birthday) <u>69</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Barber</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Barbering</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Huntsville, Mo.</u>	
11a. FATHER'S NAME <u>Josiah Brooking</u>		11b. MOTHER'S MAIDEN NAME <u>Anna Belle Yowell</u>		11c. NAME OF HUSBAND OR WIFE <u>Ethleen</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		14. SOCIAL SECURITY NO. <u>489-22-3133</u>		15. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. McGuire</u> ADDRESS <u>1452 N. 70th St.</u>			
16. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Interochanteric Fracture of Rt. Hip</u> DUE TO (c) <u>ASHD & Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
17a. DATE OF OPERATION		17b. MAJOR FINDINGS OF OPERATION <u>Communited Interochanteric Fr. Rt. Hip</u>		18. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. ACCIDENT SUICIDE HOMICIDE (Specify)		19b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>400</u>		19c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>E9049</u>			
20a. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		20b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20c. HOW DID INJURY OCCUR? <u>21</u>			
21. I hereby certify that I attended the deceased from <u>1-2, 1953</u> , to <u>3-10, 1953</u> that I last saw the deceased alive on <u>3-10, 1953</u> and that death occurred at <u>10:35 Am.</u> , from the causes and on the date stated above.							
22a. SIGNATURE (Degree or title) <u>Dr. Melvin P. Kasten M.D.</u>		22b. ADDRESS <u>601 S. Brentwood Clayton</u>		22c. DATE SIGNED <u>3-10-53</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>3-10-53</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>		23d. LOCATION (City, town, or county) (State) <u>Huntsville, Missouri</u>	
24a. DATE REC'D BY LOCAL REG. <u>3-10-53</u>		24b. REGISTRAR'S SIGNATURE <u>Hubert R. Domb M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Albert H. Hoppe, 4700 Washington</u>			

P. 1 (Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

4002

MAR 27 1953

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed E. J. Remelins

Licensed Embalmer No. 4283

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.